

**UNITED STATES PATENT AND TRADEMARK OFFICE  
APPLICATION DATA SHEET**

**Inventor Information**

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**Correspondence Information**

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### Application Information

Title Line One:: PRIMARY AND SUPPLEMENTAL  
Title Line Two: INTRAOCULAR LENS  
Total Drawing Sheets:: 2  
Formal Drawings?: Yes  
Application Type:: Utility

### Representative Information

Registration Number One:: Peter J. Gluck,.... 38,022

### Continuity Information

This application is a: N/A  
Application One:  
Filing Date:

### Assignment Information (Not included)

Assignee Name:: ADVANCED MEDICAL OPTICS, INC.  
Postal Address Line One:: 1700 E. St. Andrew Place  
Postal Address Line Two::  
City:: Santa Ana  
State or Province:: California  
Postal or Zip Code:: 92705